2082

PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER EYTRA RATE FEE RATE FEE MUMBER SHED e Bibbala BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS ΟŔ minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS X S X S minus 3 OR (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter \*0\* in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY Calumn 11 HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-NUMBER REMAINING PREVIOUSLY **EXTRA** TIONAL TIONAL ENDMENT AFTFR FEE FEE PAID FOR AMENDMENT Total (37 CFR 1.16(c)) Minus 0 x s 570: x , 25 : OR Independent (37 CFR 1.16(b)) Minus x 200. s 100 = OR s 180 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-NUMBER REMAINING E **EXTRA** TIONAL TIONAL PREVIOUSLY ENDMENT AFTFR FEE FEE PAID FOR **AMENDMENT** Total (37 CFR 1.16(c)) Minus X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT RATE ADDI-RATE ADDI-REMAINING TIONAL **PREVIOUSLY EXTRA** TIONAL AMENDMENT **AFTER** FEE FEE PAID FOR AMENDMENT Total (37 CFR 1.16(c)) Minus OR Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999  Application or Docket Number  09657585										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							L ENTITY	OR	OTHER SMALL E	
FO	R		NUMBER FILED		NUMBER EXTRA		FEE	 ا	RATE	. FEE
BA:	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	173	minus 20			X\$ 9	- /	OR	X\$18=	
IND	EPENDENT CLA	ims /	minus 3	minus 3 = !		X39=		ОЯ	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							- /	OR	+260=	·
" If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	L 910	ОЯ	TOTAL	
4/27/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	LL ENTITY	OR	OTHER SMALL E	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMENT	Total •		Minus	. 10	= 0.	X\$ 9	=	OR	X\$18=	
MEN	Independent •		Minus	3	· 0	X39-	-	OR	X78=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130	_	OR	+260=	
٠.	.1 1 .					10	TAL ·	OR	YOTAL ADDIT, FEE	
5 19 04 (Column 1) (Column 2) (Column 3)										
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	ANIZHOLIZIV.	Minus.	· 20	- /	X\$ 9	=	OR	X\$18=	
MEN	Independent		Minus	·· 3	- /	X39	•	OR	X78=	
Ľ		AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					)=	OR	+260=	•
	CE FIN	SD.W/X	MIST		·	ADDIT.	YAL	OR	TOTAL	
	CEFTED W/AMDT  12/6/04 (Column 1) (Column 2) (Column 3)									
MENDIMENT C		CLAIMS REMAINING . AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	•	Minus	20	= +	X\$ 9	)= · ·	ОЯ	X\$18=	
Ę	Independent	• 1	Minus	3	= 0	X39	_	1,	X78=	

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20; enter "20."

The Highest Number Previously Paid For (Total or Independent) is the highest number tound in the appropriate box in column 1.

FORM PTO-875 (Rev. 17/73)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

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OR

OR

+130=

+260=

TOTAL ADDIT, FEE